

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	BONE GRAFT FORMING GUIDE
Attorney Docket Number::	SPINE 3.0-298 DIV I
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Egypt
Status::	Full Capacity
Given Name::	Mahmoud F.
Middle Name::	F.
Family Name::	Abdelgany
City of Residence::	Bartonsville
State or Province of Residence::	PA
Country of Residence::	US
Street of mailing address::	HC-1, Box 65 Cherry Lane
City of mailing address::	Bartonsville
State or Province of mailing address::	PA

Country of mailing address:: US  
Postal or Zip Code of mailing address:: 18321

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Stephen  
Family Name:: Noel  
City of Residence:: Sioux City  
Country of Residence:: IO  
Street of mailing address:: 26 Quail Court  
City of mailing address:: Sioux City  
State or Province of mailing address:: IO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 51104

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Alan  
Family Name:: Yeadon  
City of Residence:: Ridgewood  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 2347 Tampa Avenue  
City of mailing address:: Ottawa  
State or Province of mailing address:: ON  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: K1H 7K2

### **Correspondence Information**

Correspondence Customer Number:: 000530

Phone number:: (908) 518-6440  
Fax number:: (908) 654-7866  
E-Mail address:: kcaploon@ldlkm.com

### **Representative Information**

Representative Customer Number:: 000530

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/742,923	12/21/00

### **Assignee Information**

Assignee name:: Stryker Spine  
Street of mailing address:: ZI de Marticot  
City of mailing address:: Cestas  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: F-33610